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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 4784

<b>SERIAL NUMBER</b> 09/480,828	<b>FILING OR 371(c) DATE</b> 01/10/2000 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> GUID-006CON6
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/385,812 08/30/1999 ABN  
which is a CON of 08/903,516 07/30/1997 PAT 5,944,736  
which is a CON of 08/787,748 01/27/1997 ABN  
which is a CIP of 08/619,903 03/20/1996 PAT 5,976,171  
which is a CIP of 08/604,161 02/20/1996 PAT 5,730,757

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 02/17/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 62	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

36154

**TITLE**

ACCESS PLATFORM FOR INTERNAL MAMMARY DISSECTION

<b>FILING FEE RECEIVED</b> 2364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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